

Committee on Resources

Full Committee

Testimony

Statement to the House Resources Committee

H.E. Tony A. deBrum, Minister of Finance,

Republic of the Marshall Islands

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Chairman Young, Ranking Member Miller and distinguished Members of the House Resources Committee, it is an honor to appear before you today. I join Minister Phillip Muller in expressing my sincere gratitude to you, Mr. Chairman, for sponsoring this hearing and the Committee's demonstrated commitment to our bilateral relationship.

During previous hearings before this Committee, the RMI Government has brought Marshallese citizens to testify about the horrors, the pains, and the sufferings they endured as a result of their exposure to radiation from U.S. weapons. Oversight hearings regarding the Marshall Islands have also provided our government the opportunity to discuss nuclear issues as they relate to the RMI and its citizens. I think this Committee fully appreciates the anguish that the Marshallese people have experienced from both their exposure to radiation and their dislocation from their homelands.

What we have not fully explored is the range of problems caused by the testing program. It is not just external radiation exposure that creates problems for the Marshallese people. Therefore, I will focus my remarks today on the successes and failures of the radiation-related provisions in the Compact of Free Association, U.S. Public Law 99-239, and on the national impacts of the U.S. Nuclear Weapons Testing Program.

In order to consider the national impacts of the testing program, it is important to begin by examining the mechanisms and programs in place to help the target populations. The Compact of Free Association defines the types of programs and assistance available to Marshallese communities to address their health and environmental needs. Now that the Compact has been implemented for 13 years, we can consider the ways that Section 177, the section of the Compact pertaining to the Nuclear Testing Program, has succeeded and failed in its objectives.

The Successes of Section 177

The U.S. Government by virtue of U.S. law, accepted responsibility for "...compensation owing to citizens of the Marshall Islands...for loss or damage to property and person...resulting from the nuclear testing program with the Government of the United States conducted..." (Section 177(a)). The U.S. Government also accepted responsibility and liability for the consequences of all of the tests conducted from June 30, 1946 to August 18, 1958.

Ownership by the U.S. of this responsibility is the foundation upon which the RMI and the U.S. have structured the programs to justly compensate and address the problems resulting for the nuclear tests. The RMI Government and its citizens truly appreciate that the U.S. Government accepts culpability for the harm resulting from the testing program and are working in concert with the RMI to resolve these issues.

Allow me to elaborate on what the RMI views as the successes of Section 177.

Establishment of 177 Health Program. Congress approved a medical program for the "...people of the Atolls of Bikini, Enewetak, Rongelap, and Utrik who were affected by the consequences of the United States nuclear testing program" (Section 103(j)). This program, the 177 Health Care Program, provides \$2 million a year to service the health care needs of these 4 communities. Section 103(j) of the Compact also requires the Department of Energy (DOE) to provide "...special medical care and logistical support...for the remaining 174 members of the population of Rongelap and Utrik who were exposed to radiation resulting from the 1954 United States thermonuclear 'Bravo' test..." (Section 103(j)). These monies are providing vital health services to some of the victims of the nuclear tests.

Nuclear Claims Tribunal. Section 177 established the independent Nuclear Claims Tribunal and provides for its funding. Congress made \$45.75 million available to the Tribunal "...as necessary or partial payment of monetary award..." (177 Agreement, emphasis added). The RMI Government believes that the Tribunal is an appropriate mechanism for providing compensation to individuals and communities whose health and property have been compromised as a result of exposure to radiation. The Chairman of the Nuclear Claims Tribunal will expound on the Tribunal and its activities in his statement.

U.S. Commitment to Safe Resettlement. Congress generously supports the activities necessary to monitor and restore contaminated islands to they can be safely inhabited. This is an important commitment to the communities that have been dislocated for decades. These communities must have the opportunity to reside safely on their homelands or to determine their best alternative. The RMI Government appreciates the U.S. Government's willingness to provide financial and scientific resources intended to help reduce radiation levels on contaminated islands and the food chain the people depend on for survival. The RMI Government also believes that the community trust fund approach is the best way to allow the communities to increase their decision-making capacity and self-sufficiency.

USDA Food and Agriculture Program. The food and agriculture provisions of Section 177 have been very successful. These programs have assisted communities that live with persistent radiation in their environment and food chain. United States Department of Agriculture support is particularly helpful for communities that either lack the topsoil to grow local foods because the soil was scraped off and removed during clean-up efforts and communities that are forced to live on land that does not belong to them. In most areas where the displaced communities reside, people moved to much smaller parcels of land that are unable to provide sufficient levels of local foods.

Changed Circumstances. Article IX of the 177 Agreement, the changed circumstances provision, enables Congress to consider a petition from the RMI Government demonstrating that the initial terms of Section 177 are "manifestly inadequate." During the Compact negotiations, our governments recognized that they could not have known the full range of past, present and future consequences of the testing program. The changed circumstances provision was included to provide a legal mechanism for the RMI Government to present new and additional information about the testing program - information not known during the original Compact negotiations - to Congress. The RMI Government is in its final stages of completing its changed circumstances petition for Congress to consider.

Before I discuss the failures of Section 177, I want to make it absolutely clear that the RMI Government does not blame Congress for any of these failures. On the contrary, Congress and this Committee have repeatedly come to the assistance of the individuals and communities affected by the U.S. Nuclear Weapons Testing Program. Critical information, however, about the degree and range of radiation exposure from the tests, the number of communities exposed to radiation, and the extent of radiological illnesses that manifested in the Marshall Islands has been withheld, covered-up, or grossly underrepresented by the U.S. Department of Energy. As a result, both the U.S. Congress and the RMI Government have not been told the whole story. If this Committee and the RMI Government had known at the time of the Compact negotiations what we have learned now as a result of the DOE document declassification process, I am certain that Congress and the RMI would have negotiated a radically different agreement than we have today. Because information was withheld from RMI and Congress and covered up or misrepresented by DOE, our governments agreed to a grossly inadequate mechanism for responding to the problems from the testing program.

Failures of Section 177

As I indicated earlier, the RMI Government applauds the United States Government for admitting that harm was done from the testing program and for providing assistance through the array of Section 177 and Compact programs to address these problems. There are, however, many shortcomings of the Compact's radiation-related provisions that I want to bring to your attention. I want to place particular emphasis on the ways that these failures place insurmountable burdens and demands on the RMI Government and the constitutionally mandated services provided to our people, including health care. The RMI Government simply does not have the means to provide public services for needs linked to the U.S. Nuclear Weapons Testing Program.

Inaccurate Radiation Measurements and Definition. While the United States Government takes responsibility for assisting the Marshallese people exposed to harmful amounts of radiation, a document⁽¹⁾ prepared by the Department of Energy prior to the Compact negotiations misrepresents the amount of harm caused by the testing program. In this report, atolls are compared on a scale ranging from "the largest amount of radioactive atoms" to "the least amount of radioactive atoms" (DOE 1982:9). Atolls such as Mejit, Ailuk, Likiep, Wotho, and Ujelang fall into the category of "the least amount of radioactive atoms." As a result, they are disregarded in any medical care or environmental monitoring programs in the Compact. What I would like to make clear is that "the least amount of radioactive atoms" in the Marshall Islands exceeds acceptable radiation exposure levels in the United States hundreds of times. The radiation that these atolls excluded from U.S. programmatic consideration received reaches as high as 6,240 mrem from only one test series,⁽²⁾ the Castle series [**Attachment I**]. For comparative purposes, while Ailuk Atoll received 6,240 mrems of exposure from just one test series, that is an exposure level about 250 times acceptable standards of radiation exposure for the general public in the United States. I fail to understand how DOE's survey of atolls in the RMI can categorize atolls with a radiation exposure level of 250 times the standard for the U.S. general public as the "least amount of radioactive atoms."

While these radiation levels might be the least amount found in the Marshall Islands, 250 times U.S. standards for exposure should certainly qualify these atolls for inclusion in medical and environmental programs. The Compact only provides programs and assistance to people in the communities which the DOE identified in 1954 as acutely exposed to radiation. The RMI Government is forced to care for the radiation-related needs of all atoll communities beyond the two ground-zero locations of the testing program

and two of the communities that experienced fallout from Bravo. I want to make it very clear that the RMI Government recognizes that the "four atolls" were acutely exposed to radiation, and therefore, deserve and require assistance. Yet, the RMI Government is forced to provide for multiple communities that radiation exposure levels that are dangerous to human and environmental health. It is imperative to monitor the environment, especially the food chain, and the health of all the effected atolls. We cannot provide for the needs of these exposed communities if we do not know the extent of their exposure through diligent monitoring.

DOE Medical Program. When it came time to construct medical programs to respond to the health care needs of people affected by the testing program, DOE's survey of the northern atolls - a study they claim represents the "best effort" of the U.S. Government "...to evaluate and describe radiological conditions in the Marshall Islands" (Article VIII, 177 Agreement) - was apparently utilized for determining eligibility to participate in these programs. The DOE medical program, a program that Congress generously provides almost \$2 million annually, is limited to 174 people. These 174 people represent the acutely exposed people from Rongelap and Utirik, as defined by DOE.

What I find impossible to reconcile is that Congress takes responsibility for the damage resulting from the entire testing program, but when it comes time to provide quality medical care to affected atolls, eligibility to participate is limited to exposure from just one test, the Bravo test. Care is not based on cumulative exposure from the testing program. At 15 megatons, Bravo was the largest thermonuclear test ever conducted by the United States Government. But, there were an additional 93 megatons of tests conducted in the Marshall Islands beyond the Bravo test. **Bravo represents about 1/7th of the megatonage tested in the RMI, but 100% of the criteria for inclusion in DOE's medical program.**

Radioactive fallout from these tests exposed every island in our nation to radiation. In fact, radioactive fallout and tracer chemicals from these tests spread to every corner of the Marshall Islands, throughout the Pacific region, across the United States, and into the stratosphere. Yet, Mr. Chairman, DOE's medical program states that radiation from only one of these tests, the Bravo test, affected the health of just 174 Marshallese citizens. Furthermore, DOE sponsored medical and environmental programs focus exclusively on high levels of radiation exposure and on current levels of radiation exposure. DOE fails to consider the environmental and human safety issues for other atoll environments and people exposed to mid or even low levels of exposure that we know are harmful.

In terms of medical programs, DOE's ability to impose narrow parameters on radiation exposure meant that Congress and the RMI Government were told that only 174 Marshallese people were exposed to harmful levels of radiation from the U.S. Nuclear Weapons Testing Program. This number represents the number of people living on Rongelap and Utirik on March 1, 1954 who were exposed to extremely high levels of radiation from the Bravo test. These populations, including their so called unexposed members, were evacuated and enrolled in an experimental program to study the effects of radiation on human health. I won't discuss the outrage and humiliation of the people for being forced into medical experiments designed to benefit scientists not the patients because after years of this practice, DOE finally agreed to terminate the medical program run by a U.S. weapons laboratory.

Instead, let me tell you who this Compact definition of "exposed" does not include, and therefore, does not entitle them to participate in DOE's multi-million dollar program funded by Congress:

1. The Marshallese test site workers who supported the testing and clean-up activities on Enewetak and Bikini, including the most dangerous type activities, such as ground-moving activities that

resuspends plutonium in the air. The Marshallese workers had no protective clothing or occupational safety guidelines. The workers and their families ate the food and drank the water on the ground-zero atolls during the years that the islands were strictly off-limits for human habitation.

2. The people of Bikini, Enewetak and Rongelap who were prematurely resettled on their homelands but later taken off of their land because of recognition of the fact that they received dangerously high levels of exposure to radiation. In the case of the Rongelapese and the Bikinians, these populations ingested dangerous amounts of radiation from their local environment.

3. This group also includes the Rongelapese "control" group that returned in Rongelap in 1957 along with the Rongelapese exposed to external fallout from the Bravo test in 1954. Department of Energy documents provided to Congress and the RMI Government insist that people resettled on Rongelap from 1957-1985 are "unexposed" to radiation, and therefore serve as a fair Marshallese control population with normal incidence of radiation-related illnesses to the incidence level in the Rongelapese exposed in 1954. Additional cases of statistical manipulation are found in recently released DOE reports.

We all know Rongelap was highly contaminated in 1957. If Rongelap is still too radioactive for the community to resettle today, in 1999, without remediation, one can only imagine how contaminated it was when the people were resettled prematurely in 1957. In addition to the Bravo test, Rongelap received radioactive fallout from other tests in the Castle series, as well as tests conducted in 1956-1958. There is no wonder that the people who resettled Rongelap while it was highly contaminated began to display similar health conditions as those exposed in 1954. Mr. Chairman, it is an outrage and it is highly offensive to the Marshallese people that DOE continues to misrepresent the effects of radiation to Congress and the RMI Government. We know that the entire basis for the statistics and information that is presented to this Committee and the RMI Government is based on a faulty comparison group.

At the annual meetings between RMI and DOE, the RMI Government vigorously protests the use of the term "unexposed" in DOE medical summaries. Mr. Chairman, I implore this Committee to recognize that for decades you have received reports on the status of the health of the Marshallese based on a faulty control group. Because the people resettled on Rongelap in 1957 began to exhibit the same kinds of illnesses as the people exposed in 1954, DOE maintains that this demonstrates that the people exposed in 1954 are not experiencing unusual levels of radiation injury.

4. The people of Ailuk, Likiep, Mejit, Wotje, Wotho, Ujae and Ujelang who received levels of radiation in the vicinity of the people from Utirik. It is entirely appropriate for the people of Utirik to be included in the DOE medical program. The unexpectedly high incidence of thyroid dysfunction in the community is just one of the health problems suffered by the community. Yet, communities with similar levels of exposure are excluded even in the face of extremely alarming health problems.

5. The children of the prematurely resettled communities whose parents were exposed to radiation and who were born into highly radioactive environments. It is particularly difficult for the small bodies of children living in radioactive environments to handle the body burden of radiation exposure.

6. Any secondary illness in the 174 acutely exposed Marshallese. While the DOE program treats the radiation illnesses directly linked to their exposure, it does not treat the indirect or secondary illnesses. Therefore, if an acutely exposed individual from Rongelap or Utirik has any health problems resulting

from radiation exposure, such as problems resulting from the weakening of the immune system, the patient will be "ping-ponged" to another program. I purposefully use the phrase "ping-ponged" because Marshallese radiation victims frequently use the term to refer to how they are "ping-ponged" back and forth between programs and doctors with no central coordination of their medical needs.

The sad part about the exclusion of these people from DOE's medical program is that DOE and its contractors expected that there would be a high level of radiogenic illnesses in the prematurely resettled communities and the communities adjacent to Utirik, such as Ailuk, Mejit, Wotje and Likiep. **DOE and its contractors even went as far as to arrange with medical facilities in the United States to prepare for a high number of thyroid surgeries once the people prematurely resettled people of Bikini, Enewetak, and the people of Ailuk, Mejit, Wotje, and Likiep were included in the DOE medical program [Attachment II].**

I have to tell you that the burdens of providing for the health needs of these communities has been shifted to the RMI public health sector. The enormous expenses involved in providing for these people is beyond our means. Our health care system has not been able to refer patients who need care to Hawaii. We simply do not have the expertise or the financial resources to provide for these people.

Inadequate Funding for Health Care of Victims. I'm sorry to report that we are almost no closer today than we were at the beginning of our relationship to providing for the health care needs of our radiation victims. The RMI is in dire need of Marshallese health care and environmental science professionals. Despite the fact that we have some of the highest incidences of radiogenic illnesses and cancers in the world, we don't have adequate hospitals, diagnostic equipment or even a cancer registry program in the Marshall Islands. We are almost wholly reliant on the United States for radiation-related medical and diagnostic care as well as information about the effects of radiation on human health. This reliance does nothing to develop our ability to assess our own situation, to address our own needs or to work toward the mutual goal of self-reliance envisioned in the Compact.

Congress appropriates more than \$6 million dollars annually to the Department of Energy to provide medical and environmental programs to a select group of people in the Marshall Islands. This is a sizable amount of money that, once again, demonstrates Congress' commitment to take responsibility for the problems resulting from the testing program. What I don't think Congress is aware of is that the largest amount of this money appropriated to DOE goes to logistical support. DOE spends more money on logistical support than it does on either the medical or environmental programs. When people are dying, when the hospitals are dilapidated, when Marshallese are anxious to study relevant subjects in school, I fail to understand why the logistics contractor of the Department of Energy receives a larger portion of Congress' money than the medical or environmental programs.

In the case of the environmental program, I don't understand why money is spent to fly researchers and environmental samples between the Marshall Islands and Lawrence Livermore National Laboratory. With multi-million dollar annual appropriations, it seems to me that a laboratory could have been built in the Marshall Islands, and Marshallese students could have been trained so the logistics contractor wouldn't have to pay to fly weapons laboratory researchers and environmental samples to and from California. Technology transfer should be an important component of any programs.

The RMI Government regards DOE's use of a weapons laboratory to conduct environmental monitoring as an insulting conflict of interest. At radiation-contaminated sites in the United States, private industry monitors the ecological contamination of the areas. We still have the fox guarding the hen house in the

Marshall Islands. DOE enables the weapons laboratory to continue to make wholly irrelevant and insulting comparisons between external, background levels of gamma radiation in the United States, and internal, alpha radiation exposure in the Marshall Islands. It seems to me that we can find better assistance than a weapons laboratory contractor that fails to distinguish between solar radiation exposure and organ and bone concentrators from ingestion of radiation.

Funding for the Nuclear Claims Tribunal. The funding allocated to the Nuclear Claims Tribunal, as stated by Chairman deBrum, is not adequate. While we are fortunate to have a mechanism to compensate individuals for their illnesses, the amount is insufficient. There have been far more cases of radiogenic illnesses presented to the Tribunal than either of our nations were prepared for when we originally negotiated the Compact. Many radiation-related illnesses are latent for decades and are just now beginning to appear in the population.

Sadly, many Marshallese people are dying from radiation-related illnesses without the compensation owed to them. Family members lack the financial resources to provide the comfort or companionship that dying family members need. This is particularly disturbing for our elderly Marshallese, those who were alive during the testing program. In the case of the United States, radiation victims in the United States receive one-time payments when they are compensated for radiogenic illnesses.

Resettlement Efforts. The RMI national government is concerned about communities resettling islands that have been compromised by the testing program. While we recognize that there are a host of problems for communities displaced by the testing program, the RMI Government cannot in good conscience continue resettling communities on islands where radiation problems have not been honestly defined.

One of the RMI Government's primary concerns is the health and safety of its people. I am deeply troubled by the fact that there are absolutely no worker safety standards in place for Marshallese workers involved in clean-up projects. This is true for the workers involved in the clean-up and restoration of Bikini and Enewetak, and this is true for the workers currently involved in the restoration of Rongelap Atoll. Mr. Chairman, we do not want to expand our problem. We do not want more radiation illness. We do not want to repeat a situation where people are exposed to radiation. The RMI Government does not have expertise on occupational safety for radiation workers. If we cannot establish worker safety measures for Marshallese workers the RMI Government will have to stop all resettlement activities. We want to help restore contaminated lands, but we cannot accept a situation where the health of our people is compromised in the process. The burden to provide for the health care of Marshallese radiation workers falls on the RMI national government.

Another factor that increases our concerns about communities preparing to resettle is our history with resettlement. The Bikinians were resettled prematurely. The Rongelapese were resettled prematurely. The health of these communities was adversely affected by the mistaken decision to return. The burden of providing health care to these communities falls on the 4 atoll health care program that is grossly underfunded and unable to respond to the medical needs of these communities.

Furthermore, the United States and RMI Governments still have not agreed on an acceptable standard for clean-up in the Marshall Islands. The Nuclear Claims Tribunal has adopted a clean-up standard of 15mrem based on the U.S. Environmental Protection Agencies proposed standard that Mr. Allan Richardson will address in his testimony. The RMI Government wants parity with the United States. We are asking for clean-up to a standard that is considered safe for American citizens. Right now, clean-up and restoration activities are taking place on Rongelap, but clean-up to what level? We need to determine what standards

will be put in place and who will be in charge of policing them. We are in danger of repeating the same mistakes of Bikini, Enewetak, and Rongelap (in 1957) with our current Rongelap resettlement effort.

Section 177 Health Care Program. The Section 177 Health Care Program for the 4 atolls and referrals from the Tribunal is inadequate for the needs of the community. Section 177 establishes a four atoll health care program "for services to the people of the Atolls of Bikini, Enewetak, Rongelap, and Utrik who were affected by the consequences of the United States nuclear testing program...and their descendants" (Section 103(j)). There are those in the U.S. Government that criticize the Marshall Islands for failing to establish eligibility criteria for the 4 atoll health care program. I submit to you, Mr. Chairman, that it hard to perceive of anyone from the 4 atolls not "affected by the consequences" of the testing program. Anyone with land rights on these atolls lacks the ability to eat local foods in the same quantities or to get access to local medicines that enable them to take care of their own health. When DOE is severely restricted in its scope and when the Marshallese public health infrastructure is stretched beyond its capacity, it is no wonder that all of the people from the 4 atolls seek to enroll in the 4 atoll health care program.

In addition to a high enrollment rate, the 4 atoll health care program is ineffective because of inadequate funding. Unlike just about every program in the Compact, the 4 atoll health care program receives no inflation adjustment. The costs of health care have increased yearly since the Compact came into effect but the purchasing power of the \$2 million annual appropriation has declined dramatically. Currently, the 177 Health Care Program budgets amounts to approximately \$15 a patient per month.

The Compact also entitles the RMI Government to use the U.S. Public Health Service to bolster its health care sector. But, the Public Health Service has suffered from budget cuts and has told the RMI Government that it does not have the resources to place doctors in the Marshall Islands. Congress' intention for the Public Health Service to bolster the health care needs in the RMI is well-intended, but the RMI Government is unable to exercise this option.

Monitoring/Research. Simply put, the RMI Government lacks the resources to provide for independent experts and research. For decades, we have relied on the science provided primarily by DOE weapons laboratories. Those contractors investigate the issues they are interested in. The RMI Government is frustrated by its inability to provide the care or research that it deems necessary to people affected by the testing program. The Marshallese people know about the changes to their health and their land caused by the testing program, but DOE contractors spend time examining and promoting DOE, not Marshallese priorities.

For years, we have heard that our population is not large enough to be statistically relevant, and therefore, no research takes place. We have also heard that the problems we observe in the Marshall Islands do not occur in Japan or Chernobyl, and therefore, are not linked to the radiation. Yet, the Marshall Islands is the only place in the world where 67 atmospheric weapons tests were conducted. There is absolutely no comparison for the Marshallese exposures anywhere in the world. Therefore, the excuses for not undertaking relevant research or for taking the medical complaints of the people seriously are weak and baseless.

What can be done to respond to the shortcomings of the radiation-related provisions of the Compact?

Section 105c of the Compact enables Congress to provide continuing authorizations to the RMI for: "... completion of projects and fulfillment of commitments or obligations...health and education as a result of exceptional circumstances; ex gratia contributions for the populations of Bikini, Enewetak, Rongelap, and

Utrik; and technical assistance and training in financial management, program administration, and maintenance of infrastructure" (Section 105(c)2). The RMI Government requests this Committee's assistance and coordination with the Appropriations Committee to secure the continuing authorizations for assistance included in the Compact. In particular, the RMI Government requests the following:

1. A supplement ex gratia payment to the Nuclear Claims Tribunal, consistent with Section 105(c)2 of the Compact. As you will see in the statement of Chairman deBrum, it is important to make the full awards that the Compact envisions for personal and property damage.
2. Infrastructure and institutional support for the RMI public health sector. The RMI Government is in dire need of additional facilities, equipment, and trained personnel to address our public health needs.
3. Expansion of eligibility for the DOE medical program.
4. An inflation adjustment for the 4 atoll health care program.
5. A directive to the U.S. Public Health Service to provide doctors to the Marshall Islands.
6. Training and education programs in the fields of environmental science and radiation health. Education should start at an early age to prepare and encourage Marshallese students to pursue advanced degrees.
7. A directive to the Department of Energy to conclude a bilateral agreement on clean-up standards for resettlement and worker safety standards for Marshallese workers involved in clean-up activities. The clean-up standards should be equal to those used in the United States and monitored by an independent party.
8. A directive to the Department of Energy to put its environmental monitoring contractor in the RMI, Lawrence Livermore National Laboratory, out to bid.
9. A nationwide cancer registry program in the Marshall Islands.
10. Continued Committee representation at the annual meetings between DOE and the RMI. I think it is important for the Committee to understand why the RMI has problems with the selective interpretations of data and the suspect resettlement recommendations being advanced by DOE's weapons laboratory contractor.
11. Finally, and most importantly, consider the changed circumstances petition of the RMI Government.

In conclusion, Mr. Chairman, as close, committed, strategic partners, I think it is important for us to attend to those Marshallese whose health and property were injured in our quest toward world peace and security. I know from your visits to the Marshall Islands and the support of this Committee that you understand and are committed to addressing U.S. responsibility for the consequences of the U.S. Nuclear Weapons Testing Program. Despite this Committee's support, I struggle daily with Administration officials whose main objective as we see it is to minimize U.S. expense for liabilities that U.S. law accepts. It is not in either of our nations' best interest to deny care to those who have suffered because of the testing program. These Administration officials don't recognize, that Congress approved the Compact as a means to address U.S.

responsibility and moral obligation to the affected people. We all have to work together to address the lingering problems from the testing program.

People have said that everyone in the RMI is related. The nuclear legacy is a collective experience for the nation. There is not a single soul in the Marshall Islands whose life remains untouched by the U.S. Nuclear Weapons Testing Program. Every Marshallese citizen has lost a family member or friend who died from a radiogenic illness. We are frustrated by our inability to provide our own people with the medical care they need or the compensation they deserve. The RMI Government will not shirk its duties to provide care, but we must do it together.

Section 177 and the radiation-related provisions of the Compact fail to recognize the full extent of radiation injury to human beings and the environment. These failures have resulted because Congress and the RMI Government were not, and have not been told the full truth about the consequences of the testing program. I hope that we can begin today to establish a new road, a new way to address the full range of consequences from the U.S. Nuclear Weapons Testing Program.

1. ¹ 1982. The Meaning of Radiation for Those Atolls in the Northern Part of the Marshall Islands That Were Surveyed in 1978. U.S. Department of Energy: Washington, D.C.

2. ² 1997. Annual Report to the Nitijela For the Calendar Year 1997. Nuclear Claims Tribunal: Majuro, p.24.

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